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Please type a plus sign (+) inside this box → ☐PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/148,723
	Filing Date	September 3, 1998
	First Named Inventor	Warren M. Farnworth et al
	Group Art Unit	3729
	Examiner Name	Not Assigned
Total Number of Pages in This Submission	Attorney Docket Number	MI22-981

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Check for \$1,898.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Copy of Notice to File Missing Parts
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	Executed Declaration
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Cited Reference

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lance R. Sadler Wells, St. John, Roberts, Gregory & Matkin, P.S. 601 West First Ave., Suite 1300, Spokane, WA 99201-3828
Signature	
Date	10/27/98

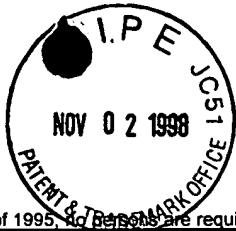
11/09/1998 GPAYNE

01 FC:101
02 FC:103
03 FC:102
04 FC:105

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 10/27/98			
Typed or printed name	MaryJo Kraut		
Signature		Date	10/27/98

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PTO/SB/17 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,898.00**Complete if Known**

Application Number	09/148,723
Filing Date	Sep. 3, 1998
First Named Inventor	Warren M. Farnworth et al
Group Art Unit	3729
Examiner Name	Not Assigned
Attorney Docket Number	MI22-981

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account Number 23-0925
Deposit Account Name Wells, St. John et al.
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	790
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1)			(\$) 790

2. CLAIMS

	Extra	Fee from below	Fee Paid
Total Claims 44	-20 = 24	X 22 =	528
Independent Claims 8	-3 = 5	X 82 =	410
Multiple Dependent Claims		X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim
109 82	209 41	Reissue independent claims over original patent
110 22	210 11	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 938**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	0
147 2,520	147 2,520	For filing a request for reexamination	0
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0
115 110	215 55	Extension for reply within first month	0
116 400	216 200	Extension for reply within second month	0
117 950	217 475	Extension for reply within third month	0
118 1,510	218 755	Extension for reply within fourth month	0
128 2,060	228 1,030	Extension for reply within fifth month	0
119 310	219 155	Notice of Appeal	0
120 310	220 155	Filing a brief in support of an appeal	0
121 270	221 135	Request for oral hearing	0
138 1,510	138 1,510	Petition to institute a public use proceeding	0
140 110	240 55	Petition to revive - unavoidable	0
141 1,320	241 660	Petition to revive - unintentional	0
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	0
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	0
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	0
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	0
Other fee (specify) _____			
Other fee (specify) Missing Parts Surcharge			130

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 170**SUBMITTED BY**Typed or Printed Name Lance R. SadlerSignature [Signature]Date 10/27/98**Complete (if applicable)**Reg. Number 38605

Deposit Account User ID _____

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